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County: Sheboygan VALLEY MANOR NURSING HOME 916 EAST CLIFFORD STREET PLYMOUTH 53073 PLYMOUTH 53073 Phone: (920) 893-4777

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/00): 60

Total Licensed Bed Capacity (12/31/00): 60

Number of Residents on 12/31/00: 60 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No No Average Daily Census: 60 ****************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	23. 3 45. 0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 16. 7	Under 65 65 - 74	3. 3 5. 0	More Than 4 Years	31. 7
Respite Care	No	Mental Illness (Other)	3. 3	75 - 84	26. 7		100. 0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 1. 7	85 - 94 95 & Over	55. 0 10. 0	Full-Time Equivalen	******** t
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	1. 7 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	
Other Meals	No	Cardi ovascul ar	23. 3	65 & Over	96. 7		40.0
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	13. 3 8. 3	Sex	%	RNS LPNS	10. 8 5. 0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	3. 3 28. 3	Mal e	18. 3	Nursing Assistants Aides & Orderlies	36. 0
Mentally Ill	No	dener wearear contactions		Femal e	81. 7	mues a orderires	00.0
Provide Day Programming for Developmentally Disabled	No		100. 0		100. 0		

Method of Reimbursement

		Medica (Title			Medic Title			0th	er	P	ri vate	Pay	 I	Manageo	l Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	36	81.8	\$100. 16	0	0. 0	\$0.00	15	93. 8	\$139.00	0	0. 0	\$0.00	51	85. 0%
Intermedi ate				8	18. 2	\$84. 07	0	0.0	\$0.00	1	6. 3	\$132.00	0	0.0	\$0.00	9	15.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		44 1	00.0		0	0.0		16	100.0		0	0.0		60	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as of	12/31/00
Deaths During Reporting Period					Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	11. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	11. 1	Bathi ng `	25.0		53. 3	21. 7	60
Other Nursing Homes	16. 7	Dressi ng	33. 3		33. 3	33. 3	60
Acute Care Hospitals	61. 1	Transferring	56. 7		18. 3	25. 0	
Psych. HospMR/DD Facilities	0. 0	Toilet Use	43. 3		31. 7	25. 0	60 60
Rehabilitation Hospitals	0. 0	Eating	70. 0		16. 7	13. 3	60
Other Locations	0.0	**************	******	******	*********	********	******
Total Number of Admissions	18	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	13. 3	Recei vi ng	Respiratory Care	11. 7
Private Home/No Home Health	22. 2	Occ/Freq. Incontinen	t of Bladder	41.7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen		33. 3	Recei vi ng	Suctioning ~	1. 7
Other Nursing Homes	5. 6	1				Ostomy Care	1. 7
Acute Care Hospitals	0.0	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3. 3	Recei vi ng	Mechanically Altered D	iets 31.7
Reĥabilitation Hospitals	0. 0				J	•	
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	72. 2	With Pressure Sores		3. 3	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		3. 3	Medi cati ons		
(Including Deaths)	18				Recei vi ng	Psychoactive Drugs	60. 0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l		
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	87. 5 1. 14	84. 5	1. 18	
Current Residents from In-County	93. 3	83. 6 1. 12	77. 5	1. 20	
Admissions from In-County, Still Residing	77. 8	14. 5 5. 37	21. 5	3. 62	
Admi ssi ons/Average Daily Census	30. 0	194. 5 0. 15	124. 3	0. 24	
Discharges/Average Daily Census	30. 0	199. 6 0. 15	126. 1	0. 24	
Discharges To Private Residence/Average Daily Census	6. 7	102. 6 0. 06	49. 9	0. 13	
Residents Receiving Skilled Care	85 . 0	91. 2 0. 93	83. 3	1.02	
Residents Aged 65 and Older	96. 7	91. 8 1. 05	87. 7	1. 10	
Title 19 (Medicaid) Funded Residents	73. 3	66. 7 1. 10	69. 0	1.06	
Private Pay Funded Residents	26. 7	23. 3 1. 14	22. 6	1. 18	
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00	
Mentally Ill Residents	20. 0	30. 6 0. 65	33. 3	0.60	
General Medical Service Residents	28. 3	19. 2 1. 48	18. 4	1.54	
Impaired ADL (Mean)*	39. 3	51. 6 0. 76	49. 4	0.80	
Psychological Problems	60. 0	52. 8 1. 14	50. 1	1. 20	
Nursing Care Required (Mean)*	6. 7	7.8 0.86	7. 2	0.93	